

Fill in this information to identify your case:

Debtor 1	Karen	Carolin	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania <input checked="" type="checkbox"/>			
Case number (If known)	23-13840-amc		

Check if this is an amended filing

JAN 16 2024
THEODORE MCGOWAN, CLERK

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
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2.1

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
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Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
--------------------------	---------------------------------	----	----	----

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
--------------------------	---------------------------------	----	----	----

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	American Credit Card Solution		
Nonpriority Creditor's Name			Last 4 digits of account number <u>5 4 0 2</u> \$ <u>12,615.00</u>
5275 Westview Drive			When was the debt incurred? <u>10/23/2023</u>
Number Street			As of the date you file, the claim is: Check all that apply.
Frederick MD 21703			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.			<input type="checkbox"/> Student loans
<input checked="" type="checkbox"/> Debtor 1 only			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Debtor 1 and Debtor 2 only			<input type="checkbox"/> Other. Specify <u>Credit Cards</u>
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.2	Afterpay		
Nonpriority Creditor's Name			Last 4 digits of account number <u>7 0 8 3</u> \$ <u>84.11</u>
760 Market Street			When was the debt incurred? <u>11/07/2023</u>
Number Street			As of the date you file, the claim is: Check all that apply.
Sanfrancisco CA 94102			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.			<input type="checkbox"/> Student loans
<input checked="" type="checkbox"/> Debtor 1 only			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Debtor 1 and Debtor 2 only			<input type="checkbox"/> Other. Specify <u>Credit Card</u>
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.3	Capital One		
Nonpriority Creditor's Name			Last 4 digits of account number <u>1 9 8 3</u> \$ <u>2,431.00</u>
PO BOX 31293			When was the debt incurred? <u>10/17/2023</u>
Number Street			As of the date you file, the claim is: Check all that apply.
Salt Lake City UT 84131			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.			<input type="checkbox"/> Student loans
<input checked="" type="checkbox"/> Debtor 1 only			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Debtor 1 and Debtor 2 only			<input type="checkbox"/> Other. Specify <u>CreditCard</u>
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1 Karen Carolin Grant

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

 Capital One

Nonpriority Creditor's Name

PO BOX31293

Number Street

Salt Lake City

UT

84131

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 1 8 6 5\$ 1,497.00When was the debt incurred? 10/23/2023

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CreditCard

 Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City

UT

84131

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 7 3 2 5\$ 742.00When was the debt incurred? 10/17/2023

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CreditCard

 Finger HutWebbank

Nonpriority Creditor's Name

13300 PioneerTrail

Number Street

Eden Prairie

MN

55347

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 6 1 9 8\$ 1,305.00When was the debt incurred? 12/10/2018

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CreditCard

Debtor 1 Karen Carolin Grant

Case number (if known) 23-13840-amc

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Frist Advantage

Name

205 Bryant Woods South

Number Street

Amherst NY 14228

City State ZIP Code

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 6 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Karen Carolin Grant
First Name Middle Name Last Name

Case number (if known) 23-13840-amc

Part 4: Add the Amounts for Each Type of Unsecured Claim

- 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**
Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ _____

Total claim

Total claims from Part 2

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

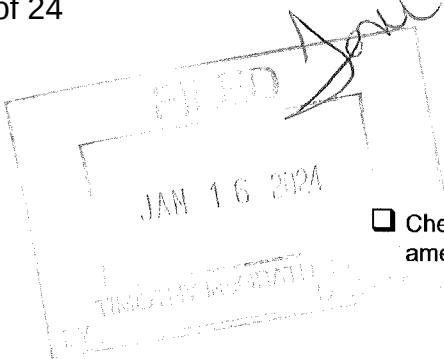
6i. + \$ 18,674.11

6j. Total. Add lines 6f through 6i.

6j. \$ 18,674.11

Fill in this information to identify your case:

Debtor 1	Karen	Carolin	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u> District of Pennsylvania <input checked="" type="checkbox"/>			
Case number (if known) <u>23-13840-amc</u>			



Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/>	Priority Creditor's Name	Last 4 digits of account number		\$	\$	\$
	Number Street	When was the debt incurred?				
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	Who incurred the debt? Check one.					
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input type="checkbox"/> No <input type="checkbox"/> Yes					
<input type="checkbox"/>	Priority Creditor's Name	Last 4 digits of account number		\$	\$	\$
	Number Street	When was the debt incurred?				
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	Who incurred the debt? Check one.					
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input type="checkbox"/> No <input type="checkbox"/> Yes					
<input type="checkbox"/>	Priority Creditor's Name	Last 4 digits of account number		\$	\$	\$
	Number Street	When was the debt incurred?				
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	Who incurred the debt? Check one.					
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input type="checkbox"/> No <input type="checkbox"/> Yes					

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 One Main
 Nonpriority Creditor's Name
PO Box 1010
 Number Street
Evansville IN **47706**
 City State ZIP Code

Total claim
 Last 4 digits of account number **3 1 9 8** \$ **4,114.96**

When was the debt incurred? **10/06/2021**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured Loan**

4.2 Portfolio Recovery Associates
 Nonpriority Creditor's Name
120 Corporate Blvd Ste 100
 Number Street
Norfolk VA **23502**
 City State ZIP Code

Last 4 digits of account number **9 9 4 8** \$ **744.00**

When was the debt incurred? **08/22/2019**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.3 Prosper
 Nonpriority Creditor's Name
221 Main Street 3rd Floor
 Number Street
Sanfrancisco CA **94105**
 City State ZIP Code

Last 4 digits of account number **8 1 6 9** \$ **3,750.00**

When was the debt incurred? **09/26/2021**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured Loan**

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

PECO

Nonpriority Creditor's Name

PO Box 37629

Number Street

Philadelphia**PA****19101**

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 6 0 4 8\$ 617.60When was the debt incurred? 04/17/2023

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Electric Bill

4.5

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City**PA****84131**

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 6 0 4 8\$ 741.00When was the debt incurred? 04/17/2023

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number \$ When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Portfolio Recovery Associates

Name _____

120 Corporate Blvd

Number Street _____

Riverside Commerce Center Ste 100

Norfolk VA 23502

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 4 0 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____
	6b. Taxes and certain other debts you owe the government	6b. \$ _____
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
	6e. Total. Add lines 6a through 6d.	6e. \$ _____
Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ _____
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 9,967.56
	6j. Total. Add lines 6f through 6i.	6j. \$ 9,967.56

Fill in this information to identify your case:

3 of 24

Debtor 1	Karen	Carolin	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania <input type="checkbox"/>			
Case number (if known)	23-13840-amc		

 Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

JAN 16 2024

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
				\$	\$	\$
Priority Creditor's Name				Last 4 digits of account number	\$	\$
Number Street				When was the debt incurred?		
				As of the date you file, the claim is: Check all that apply.		
City State ZIP Code				<input type="checkbox"/> Contingent		
				<input type="checkbox"/> Unliquidated		
				<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only				<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Debtor 2 only				<input type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Debtor 1 and Debtor 2 only				<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No						
<input type="checkbox"/> Yes						
				Last 4 digits of account number	\$	\$
Priority Creditor's Name				When was the debt incurred?		
Number Street				As of the date you file, the claim is: Check all that apply.		
City State ZIP Code				<input type="checkbox"/> Contingent		
Who incurred the debt? Check one.				Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only				<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Debtor 2 only				<input type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Debtor 1 and Debtor 2 only				<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No						
<input type="checkbox"/> Yes						
				Last 4 digits of account number	\$	\$
Priority Creditor's Name				When was the debt incurred?		
Number Street				As of the date you file, the claim is: Check all that apply.		
City State ZIP Code				<input type="checkbox"/> Contingent		
Who incurred the debt? Check one.				Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only				<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Debtor 2 only				<input type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Debtor 1 and Debtor 2 only				<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No						
<input type="checkbox"/> Yes						

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	American Credit Card solution Nonpriority Creditor's Name 5275 Westview Drive Number Street Frederick MD 21703 City State ZIP Code	Last 4 digits of account number 5 4 0 2 When was the debt incurred? 10/27/2022 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Debt Settlement</u>
4.2	Afterpay Nonpriority Creditor's Name 760 Markret Street Number Street Sanfrancisco CA 94102 City State ZIP Code	Last 4 digits of account number 7 0 8 3 When was the debt incurred? 10/17/2023 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
4.3	Capital One Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City UT 84131 City State ZIP Code	Last 4 digits of account number 1 9 8 3 When was the debt incurred? 09/03/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City

UT

84131

City

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 1 8 6 5\$ 1,497.00When was the debt incurred? 01/05/2024

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.5

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City

UT

84131

City

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 7 3 2 5\$ 742.00When was the debt incurred? 03/17/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.6

Finger Hut/ Web Bank

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City

UT

84131

City

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 6 1 9 8\$ 1,305.00When was the debt incurred? 03/22/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Radius Global Solutions LLC

Name _____

7831 Glenroy ROAD

Number Street _____

Suite 250

MINNEOPOLIS

MN 55439

City _____ State _____ ZIP Code _____

Frist Advantage

Name _____

205 Bryant Wood South

Number Street _____

Amherst

NY 14228

City _____ State _____ ZIP Code _____

Name _____

Number Street _____

City _____

State _____ ZIP Code _____

Name _____

Number Street _____

City _____

State _____ ZIP Code _____

Name _____

Number Street _____

City _____

State _____ ZIP Code _____

Name _____

Number Street _____

City _____

State _____ ZIP Code _____

Name _____

Number Street _____

City _____

State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 8 0 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 6 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total claim
6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.	6a. \$ _____ 6b. \$ _____ 6c. \$ _____ 6d. + \$ _____
6e. Total. Add lines 6a through 6d.	6e. \$ _____
Total claims from Part 2	Total claim
6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6f. \$ _____ 6g. \$ _____ 6h. \$ _____ 6i. + \$ 8,993.11
6j. Total. Add lines 6f through 6i.	6j. \$ 8,993.11

Debtor 1	Karen	Carolin	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern			District of Pennsylvania <input checked="" type="checkbox"/>
Case number (if known)	23-13840-amc		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?**
 No. Go to Part 2.
 Yes.
 - 2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	Priority Creditor's Name		
	Last 4 digits of account number _____ \$ _____		
	When was the debt incurred? _____		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	City State ZIP Code		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
2.2	Priority Creditor's Name		
	Last 4 digits of account number _____ \$ _____		
	When was the debt incurred? _____		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Number Street		
	City State ZIP Code		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
--------------------------	---------------------------------	----	----	----

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Is the claim subject to offset?

- No
- Yes

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
--------------------------	---------------------------------	----	----	----

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Is the claim subject to offset?

- No
- Yes

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
--------------------------	---------------------------------	----	----	----

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Is the claim subject to offset?

- No
- Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Colony/Ginny's Nonpriority Creditor's Name 1112 7th Number Street Monroe WI 53566 City State ZIP Code	Last 4 digits of account number <u>9 6 3 0</u> When was the debt incurred? <u>01/24/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
4.2	Lvny Nonpriority Creditor's Name Po Box 1269 Number Street Greenville SC 29602 City State ZIP Code	Last 4 digits of account number <u>7 3 4 1</u> When was the debt incurred? <u>03/15/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
4.3	Mission Lane Tab Bank Nonpriority Creditor's Name Po Box 105286 Number Street Atlanta GA 30304 City State ZIP Code	Last 4 digits of account number <u>0 4 4 6</u> When was the debt incurred? <u>12/29/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Montgomery Wards
Nonpriority Creditor's Name
1112 7th Ave
Number Street
Monroe WI 53566
City State ZIP Code

Last 4 digits of account number 9 2 9 0\$ 722.00When was the debt incurred? 11/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

MMT Philly LLC
Nonpriority Creditor's Name
100 South Board Street
Number Street
Philadelphia PA 10110
City State ZIP Code

Last 4 digits of account number 1 6 1 6\$ 2,008.74When was the debt incurred? 12/13/2023

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify FEES

NYC H+H Hospital Billing
Nonpriority Creditor's Name
PO Box 21641
Number Street
New York NY 10087
City State ZIP Code

Last 4 digits of account number 2 3 6 7\$ 247.40When was the debt incurred? 04/04/2022

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical BILL

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Credit Control LLC

Name _____

3300 Rider Trail S

Number Street _____

Suite 500

Earth City MO 63045

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 3 4 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
6b. Taxes and certain other debts you owe the government
6c. Claims for death or personal injury while you were intoxicated
6d. Other. Add all other priority unsecured claims.
Write that amount here.
- 6e. Total. Add lines 6a through 6d.

Total claim

6a. \$ _____
6b. \$ _____
6c. \$ _____
6d. + \$ _____

6e.

\$ _____

Total claims from Part 2

- 6f. Student loans
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims.
Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

6f. \$ _____
6g. \$ _____
6h. \$ _____
6i. + \$ 5,337.92
6j. \$ 5,337.92

\$ 5,337.92
